

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	2 Serial/Patent #	10/5/76 20		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing				\$ 100
<input type="checkbox"/> Amendment				\$
<input type="checkbox"/> Extension of Time				\$
<input type="checkbox"/> Notice of Appeal/Appeal				\$
<input type="checkbox"/> Petition				\$
<input type="checkbox"/> Issue				\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$
<input type="checkbox"/> Maintenance				\$
<input type="checkbox"/> Assignment				\$
<input type="checkbox"/> Other				\$
10 REASON:		7 TOTAL AMOUNT OF REFUND		\$ 100
		8 TO BE REFUNDED BY:		
<input checked="" type="checkbox"/> Overpayment		Treasury Check	Credit Deposit A/C #:	
<input type="checkbox"/> Duplicate Payment		9		
No Fee Due (Explanation):				
Credit Card Refund				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME:		John Anderson	TITLE: Paralegal Specialist	
SIGNATURE:		John Anderson	PHONE: 308-9140 ext 211	
OFFICE:		PCT - DO/EO	*****	
THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED:		DATE:		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
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Crystal Park One, Room 802B